FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2494

40677-57 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Farmington -Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopethic Hosp — Length of stay in 1b 2 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Elvins — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 418 Camellia — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First VAN Middle DAVID Last HANSON
4. DATE OF DEATH Month Feb Day 3 Year 1957
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 8, 1956
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 7 Days 25 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Francois Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Almaretta Hanson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Arsdel Hanson Elvins, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) anoxia
DUE TO (c) aspiration Pneumonia
INTERVAL BETWEEN ONSET AND DEATH 2 dy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Feb 1 1957 to Feb 3 1957 and last saw her him alive on Feb 3, 1957
Death occurred at 10:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L. M. Stanfield (Degree or title) M.D.
22b. ADDRESS Farmington, Missouri
22c. DATE SIGNED 2/5/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb-6, 1957
23c. NAME OF CEMETERY OR CREMATORY St. Francois Memo.
23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 5, 1957
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.